

PATENTDOCKET NUMBER: IBM-007 (LOT9-2003-0097)

**DECLARATION AND POWER OF ATTORNEY FOR
PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**ADAPTIVE AND CONFIGURABLE APPLICATION SHARING SYSTEM USING MANUAL AND
AUTOMATIC TECHNIQUES**

the specification of which is attached hereto and identified by the Attorney Docket Number appearing above.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR 1.56.

I hereby claim the benefit of foreign priority under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application the priority of which is claimed:

Prior Foreign Application(s):	Priority Claimed			
<hr style="border-top:none; border-bottom:1px solid black; width:100%; height:10px; margin-bottom:5px;"/>	<hr style="border-top:none; border-bottom:1px solid black; width:100%; height:10px; margin-bottom:5px;"/>			
(Number)	(Country)	(Filing Date)	<hr style="border-top:none; border-bottom:1px solid black; width:100%; height:10px; margin-bottom:5px;"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby claim the benefit of United States priority under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information material to the patentability of this application as defined in 37 CFR 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<hr style="border-top:none; border-bottom:1px solid black; width:100%; height:10px; margin-bottom:5px;"/>	(Application Serial #)	(Filing Date)	<hr style="border-top:none; border-bottom:1px solid black; width:100%; height:10px; margin-bottom:5px;"/>	(Status)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Stephen T. Keohane	Reg. No. 34,360	Marc Schechter	Reg. No. 28,989
Stephen Meyers	Reg. No. 29,330	William G. Guerin	Reg. No. 41,047
Christopher Cianciolo	Reg. No. 42,417	Michael A. Rodriguez	Reg. No. 41,274
C. Steven Kurlowcz	Reg. No. 46,846		

Send correspondence to Guerin & Rodriguez, LLP, 5 Mount Royal Avenue, Mount Royal Office Park, Marlborough, MA 01752 and direct all telephone calls to Patent Administrator at 508-303-2003.

FULL NAME OF INVENTOR: Raymond R. Hornback, Jr.

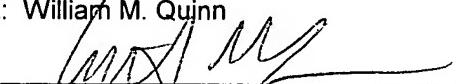
INVENTOR'S SIGNATURE:  DATE: 12/10/2003

RESIDENCE: 4257 Watertrace Dr., Lexington, KY 40515

CITIZENSHIP: United States

POST OFFICE ADDRESS: 4257 Watertrace Dr., Lexington, KY 40515

FULL NAME OF INVENTOR: William M. Quinn

INVENTOR'S SIGNATURE:  DATE: 12/10/2003

RESIDENCE: 3465 Lannette Lane, Lexington, KY 40503

CITIZENSHIP: United States

POST OFFICE ADDRESS: 3465 Lannette Lane, Lexington, KY 40503

FULL NAME OF INVENTOR: Mark S. Kressin

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: 201 Corinthian, Lakeway, TX 78734

CITIZENSHIP: United States

POST OFFICE ADDRESS: 201 Corinthian, Lakeway, TX 78734

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INVENTOR'S SIGNATURE: _____ DATE: _____

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CITIZENSHIP: United States

POST OFFICE ADDRESS: 201 Corinthian, Lakeway, TX 78734

FULL NAME OF INVENTOR: James S. Johnston

INVENTOR'S SIGNATURE: James S. Johnston

DATE: 12/10/2003

RESIDENCE: 3805 Gillespies Glen, Lexington, KY 40514

CITIZENSHIP: United States

POST OFFICE ADDRESS: 3805 Gillespies Glen, Lexington, KY 40514

FULL NAME OF INVENTOR: Amy D. Travis

INVENTOR'S SIGNATURE: _____

DATE: _____

RESIDENCE: 107 Eastern Ave., Arlington, MA 02476

CITIZENSHIP: United States

POST OFFICE ADDRESS: 107 Eastern Ave., Arlington, MA 02476

FULL NAME OF INVENTOR: Kevin Solie

INVENTOR'S SIGNATURE: Kevin Solie

DATE: 12/10/2003

RESIDENCE: 3468 Bellmeade Rd., Lexington, KY 40517

CITIZENSHIP: United States

POST OFFICE ADDRESS: 3468 Bellmeade Rd., Lexington, KY 40517

FULL NAME OF INVENTOR: James S. Johnston

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: 3805 Gillespies Glen, Lexington, KY 40514

CITIZENSHIP: United States

POST OFFICE ADDRESS: 3805 Gillespies Glen, Lexington, KY 40514

FULL NAME OF INVENTOR: Amy D. Travis

INVENTOR'S SIGNATURE:  DATE: 12/10/03

RESIDENCE: 107 Eastern Ave., Arlington, MA 02476

CITIZENSHIP: United States

POST OFFICE ADDRESS: 107 Eastern Ave., Arlington, MA 02476

FULL NAME OF INVENTOR: Kevin Solie

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